# FORM D



UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

## FORM D

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APPR	ROVAL
OMB Number:	3235-0076
Expires:	May 31, 2005
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ULOE STRECHWEIT
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A Social Section of the section of t
187/3/
Telephone Number (including Area Code)
(805) 565-4402
Telephone Number (Including Area Code)
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DIE THOMSON
FINANCIAS

#### GENERAL INSTRUCTIONS

#### Federal

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street. N.W. Washington, D.C 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

### - ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

CR

			BASIC ID	ENTII	FICATION DATA				
2. Enter the information r	equested for the fo	llowin	g:						
<ul> <li>Each promoter of th</li> </ul>	e issuer, if the issu	er has	s been organized wi	thin t	ne past five years,				
<ul> <li>Each beneficial owne</li> </ul>	r having the power	to vot	e or dispose, or direc	t the	ote or disposition of	, 10%	or more of	a class	of equity securities of the issuer.
• Each executive office	er and director of o	orpor	ate issuers and of co	orpora	te general and mana	ging p	partners of	partner	ship issuers; and
<ul> <li>Each general and ma</li> </ul>	anaging partner of	partn	ership issuers.						
Check Box(es) that Apply:	Promoter Promoter	X	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)								
ROSS, ISMAIL CALV	/IN								
Business or Residence Addr		treet,	City, State, Zip Cod	e)					
140 Hot Springs Road;	Santa Barbara,	CA	93108						
Check Box(es) that Apply:	Promoter	×	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)					_		····	
PETER, GILBERT J.									
Business or Residence Addr	ess (Number and S	treet,	City, State, Zip Cod	e)					
140 Hot Springs Road;	Santa Barbara,	CA 9	93108						
Check Box(es) that Apply:	Promoter	X	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)						***		
GUPTA, PROVAT									
Business or Residence Addr	ess (Number and S	treet,	City, State, Zip Cod	e)			·		
140 Hot Springs Road;	Santa Barbara,	CA	93108						
Check Box(es) that Apply:	Promoter	X	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)		_ <del>.</del>						
JACKSON, RALPH II	Ι								
Business or Residence Addr	ess (Number and S	treet,	City, State, Zip Cod	e)					
140 Hot Springs Road;	Santa Barbara,	CA 9	93108						
Check Box(es) that Apply:	Promoter	X	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)		-						
GILBERT, WAYNE E									
Business or Residence Addr		treet,	City, State, Zip Cod	e)			_,,		
140 Hot Springs Road;	Santa Barbara,	CA 9	3108						
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, in	f individual)							-	
Business or Residence Addr	ess (Number and S	treet,	City, State, Zip Cod	e)					
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)							-	
	Ot 1		G(4, 6, 5) G :						
Business or Residence Addr	ess (Number and S	treet,	City, State, Zip Cod	e)					

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

B. INFORMATION ABOUT OFFERING								-				
I . Has the	issuer so	ld, or does					d investors in 2. if filin		_		Yes	No <b>X</b>
2. What is	the minin	num inves	tment that	will be ac	cepted fror	n any indi	vidual?		• • • • • • • • • • • • • • • • • • • •		\$_50,	000
3. Does th	e offering	permit jo	int owners	hip of a si	ngle unit?	,,,,,,,,,,					Yes	No
4. Enter the commiss If a person or states	ne informa sion or sim son to be list, list the na	tion requential remure sted is an ame of the	ested for ea eration for essociated p broker or d	ch person solicitation erson or ag lealer. It m	who has b n of purcha gent of a broore than five	een or wil sers in con oker or dea re (5) perso	I be paid onection with the register ons to be lister or dealer or	r given, di h sales of s ed with the ted are asso	rectly or i ecurities in SEC and/	ndirectly, the offeri or with a s	any ng. tate	_
Full Name	(Last nam	e first, if in	dividual)			<u> </u>					<u> </u>	
Business o	r Residenc	e Address	(Number a	nd Street. (	City, State.	Zip Code)			***************************************			
Name of A	ssociated	Broker or		<u> </u>				- 141				
States in V	Vhich Pers	on Listed	Has Solicit		nds to Solic		ers					<del></del>
(Chec	k "All Stat	es" or chec	k individua	al States)								All States
[AL] [ IL ] [MT] [ RI ]	[AK] [ IN ] [NE ] [SC ]	[AZ] [ IA] [NV] [ SD]	[AR] [KS] [NH] [ TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [ PR]
Full Name	(Last nam	e first, if in	dividual)						Walter of the Control	***		
Business o	r Residenc	e Address	(Number a	and Street,	City, State	, Zip Code	)			<del></del>		
Name of A	ssociated	Broker or	Dealer									
States in V	Vhich Pers	on Listed	Has Solicit	ed or Inter	nds to Solic	it Purchase	ers					
(Chec	k "All Stat	es" or chec	k individua	al States)							🔲 A	All States
[AL] [IL] [MT]	[AK] [IN] [NE] [SC]	[AZ] [ IA] [NV] [ SD]	[AR] [KS] [NH] [ TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] <b>[</b> NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [ PR]
Full Name	(Last nam	e first. if in	dividual)									
Business o	r Residenc	ce Address	(Number a	and Street,	City, State	, Zip Code	)					
Name of A	ssociated	Broker or	Dealer									
States in V	Vhich Pers	on Listed	Has Solicit	ed or Inter	nds to Solic	it Purchase	ers					
(Chec	k "All Stat	es" or chec	k individua	al States)					•		🗆 🗸	All States
[AL] [ IL ] [MT] [ RI ]	[AK] [ IN ] [NE ] [SC ]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [ TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] <b>[</b> NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [ PR]

## OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS 1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Aggregate Amount Already Type of Security Offering Price Sold Debt \$0 \$0 **\$** 0 Common Preferred Convertible Securities (including warrants) \$0 <u>\$\_0</u> <u>\$\_100,000</u> Other (Specify LLC Membership Units) S 1,000,000 \$ 100,000 Answer also in Appendix, Column 3, if filing under ULOE. 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "O" if answer is \*'none" or "zero.' Aggregate Number Dollar Amount Investors of Purchases Accredited Investors 1 Non-accredited Investors 0 § 0\_\_\_\_\_ Total (for filings under Rule 504 only) ...... Answer also in Appendix, Column 4, if filing under ULOE. 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date. in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C Question 1. Type of Dollar Amount Type of Offering Security Sold Rule 505 ..... Regulation A ..... Total a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees. <u>\$\_1,000</u> Printing and Engraving Costs

**§** 5,000

\$ 7,500

S 13,500

Legal Fees.

Accounting Fees .....

Engineering Fees

Sales Commissions (specify finders' fees separately)

Total .....

Other Expenses (identify)

	OFFERING PRICE, NUMBER	OF INVESTORS, EXPENSES AND USE OF PR	ROCEEDS	
	b. Enter the difference between the aggregate offering and total expenses furnished in response to Part CQu proceeds to the issuer."	estion 4.a. This difference is the "adjusted gross		<sub>§</sub> 986,500
5.	Indicate below the amount of the adjusted gross proceeach of the purposes shown. If the amount for any p check the box to the left of the estimate. The total of the proceeds to the issuer set forth in response to Part 6	ourpose is not known, furnish an estimate and ne payments listed must equal the adjusted gross		
			Payments to Officers. Directors, & Affiliates	Payments to Others
	Salaries and fees		§ 150,000	\$ 100,000
	Purchase of real estate			
	Purchase, rental or leasing and installation of machin and equipment	nery		_
	Construction or leasing of plant buildings and facilit	<del>-</del>	_	
	Acquisition of other businesses (including the value offering that may be used in exchange for the assets issuer pursuant to a merger)	or securities of another	<b>-</b> ¬\$	
	Repayment of indebtedness	-		<del></del>
	Working capital		_	_
	Other (specify):			
			<del>-</del>	_
				. [] \$
	Column Totals		§ 175,000	<b>≥</b> § 811,500
	Total Payments Listed (column totals added)		<b>¥</b> \$ <u>98</u>	86,500
		D. FEDERAL SIGNATURE		
igi	issuer has duly caused this notice to be signed by the usature constitutes an undertaking by the issuer to furnisinformation furnished by the issuer to any non-accredit	sh to the U.S. Securities and Exchange Commiss.	ion, upon writter	
ssu	er (Print or Type)	Signature I	Date	
) )	WG HOUSE HOLDINGS, LLC	11km	June 18,	2003
	<del></del>	Title of Signer (Print or Type)		
		Secretary of Mighty Jaws Corp., Its Manage	r	
	DDDAT V. I DI DIC	Joseph of Might Jawa Corp., 16 Minage		

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C.1001.)